Missouri Department of SOCIAL SERVICES
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MoHealthNet

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PHYSICIAN AND DURABLE MEDICAL EQUIPMENT

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HOME OXYGEN THERAPY COVERAGE CRITERIA

Effective for dates of services on or after July 29, 2008, home oxygen therapy is covered only if all of the following conditions are met:

1. The treating physician has determined that the patient has a severe lung disease or hypoxia-related symptoms that might be expected to improve with oxygen therapy; and

2. The patient's blood gas study meets the Group 1 or Group II criteria stated below; and

3. The qualifying blood gas study was performed by a physician or by a qualified provider of laboratory services; and

4. The qualifying blood gas study was obtained under the following conditions:

   - If the qualifying blood gas study is performed during an inpatient hospital stay, the reported test must be the one obtained closest to, but no earlier than 2 days prior to the hospital discharge date; or

   - If the qualifying blood gas study is not performed during an inpatient hospital stay, the reported test must be performed while the patient is in a chronic stable state (i.e. not during a period of acute illness or an exacerbation of their underlying disease); and

5. Alternative treatment measures have been tried or considered and deemed clinically ineffective.

Group I criteria include any of the following:

1. An arterial PO2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent taken at rest (awake); or

2. An arterial PO2 at or below 55 mm Hg, or an arterial oxygen saturation at or below 88 percent, for at least 5 minutes taken during sleep for a patient who demonstrates an arterial PO2 at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent while awake; or

3. A decrease in arterial PO2 more than 10 mm Hg, or a decrease in arterial oxygen saturation more than 5 percent, for at least 5 minutes taken during sleep associated with symptoms or signs reasonably attributable to hypoxemia (e.g., cor pulmonale, "P" pulmonale on EKG, documented pulmonary hypertension and erthrocytosis); or

4. An arterial PO2 at or below 55 mm Hg or an arterial oxygen saturation at or below 88 percent, taken during exercise for a patient who demonstrates an arterial PO2 at or above 56 mm Hg or an arterial oxygen saturation at or above 89 percent during the day while at rest. In this case, oxygen is provided for during exercise if it is documented that the use of oxygen improves the hypoxemia that was demonstrated during exercise when the patient was breathing room air.

Initial coverage for patient meeting Group I criteria is limited to 12 months or the physician-specified length of need, whichever is shorter.

Group II criteria includes the following:

1. The presence of an arterial PO2 of 56-59 mm Hg or an arterial blood oxygen saturation of 89 percent at rest (awake), during sleep for at least 5 minutes or during exercise (as described under Group I criteria); and

2. Any of the following:

A. Dependent edema suggesting congestive heart failure; or

B. Pulmonary hypertension or cor pulmonale, determined by measurement of pulmonary artery pressure, gated blood pool scan, echocardiogram, or "P" pulmonale on EKG (P wave greater than 3 mm in standard leads II, III, or AVF); or

C. Erythrocytemia with a hematocrit greater than 56 percent.

Initial coverage for patients meeting Group II criteria is limited to 3 months or the physician specified length of need, whichever is shorter.

For all the sleep oximetry described above, the 5 minutes does not have to be continuous.

Oxygen therapy is not covered if any of the following conditions are present:

1. Angina pectoris in the absence of hypoxemia.

2. Dyspnea without cor pulmonale or evidence of hypoxemia.

3. Severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities but in the absence of systemic hypoxemia. There is no evidence that increased PO2 will improve the oxygenation of tissues with impaired circulation.

4. Terminal illnesses that do not affect the respiratory system.

TESTING SPECIFICATIONS

The qualifying blood gas study must be performed by a physician or a qualified provider of laboratory services. Blood gas studies performed by a provider of oxygen equipment are not acceptable. In addition, the qualifying blood gas study may not be paid for by any provider of oxygen equipment.

For sleep oximetry studies, the oximeter provided to the patient must be tamper-proof and must have the capability to download data that allows documentation of the duration of oxygen desaturation below a specified value.

When oxygen therapy meets criteria based on an oxygen study obtained during exercise, there must be documentation of three (3) oxygen studies in the patient's medical record – i.e., testing at rest without oxygen, testing during exercise without oxygen, and testing during exercise with oxygen applied (to demonstrate the improvement of the hypoxemia).

The qualifying blood gas study may be performed while the participant is on oxygen as long as the reported blood gas values meet the Group I or Group II criteria.

CERTIFICATION REQUIREMENTS

Certification of the need for oxygen therapy will be completed when the authorized prescriber requests pre-certification as indicated below.

- The blood gas study reported for initial certification requests must be the most recent study obtained prior to the pre-certification request. This blood gas study must be obtained within 30 days prior to the date of the pre-certification request.

- For patients initially meeting Group I criteria, the most recent blood gas study prior to the thirteenth month of therapy must be reported on the recertification request. Recertification of Group I participants is required 12 months after the initial certification. If the patient is not seen and reevaluated within 90 days prior to recertification but is subsequently seen, payment may be made for dates of service between the scheduled recertification date and the physician visit date. No additional certification will be required after the 12 month recertification.

- For patients initially meeting Group II criteria, the most recent blood gas study which was performed between the 61st and 90th day following the initial certification must be reported on the recertification request. Recertification of Group II patients is required every three months. Any Group II patient who meets Group I criteria on recertification will then be subject to Group I recertification requirements. If a qualifying test is not obtained between the 61st and 90th day of home oxygen therapy, but the patient continues to use oxygen and a test is obtained at a later date, if that test meets Group I or II criteria, coverage would resume beginning with the date of that test.

- The patient must be seen and evaluated by the treating physician within 30 days prior to the date of the initial certification request. The patient must be seen and re-evaluated by the treating physician within 90 days prior to any recertification.

- For any revised certification, the blood gas study reported on the revised certification request must be the most recent test performed prior to the revised date.

- A revised certification is required when there is a change in the type of oxygen delivery system or there is the addition of a portable system to a stationary system.

A revised oxygen therapy certification must be filed when the prescribed maximum flow rate changes from one of the following categories to another: (a) less than 1 liter per minute (LPM); (b) 1-4 LPM; (c) greater than 4 LPM. If the change is from category (a) or (b) to category (c), a repeat blood gas study with the patient on 4 LPM must be performed within 30 days prior to the start of the greater than 4 LPM flow rate.

PRE-CERTIFICATION REQUIREMENTS

Effective for dates of service on or after July 29, 2008, the following procedure codes for oxygen systems and oxygen contents will require pre-certification for all MO HealthNet participants:

Procedure Code	Mod	Mod	Description
E0424	RR		Stationary Compressed Gaseous Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
E0431	RR		Portable Gaseous Oxygen System, Rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0434	RR		Portable Liquid Oxygen System, Rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0439	RR		Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing
E0439	RR	QF	Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM (and portable oxygen is prescribed)
E0439	RR	QG	Stationary Liquid Oxygen System, Rental; includes container, contents, regulator, flowmeter, humidifier, cannula or mask, and tubing > 4 LPM
E1390	RR		Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1390	RR	QF	Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM

Procedure Code	Mod	Mod	Description
			(and portable oxygen is prescribed)
E1390	RR	QG	Oxygen Concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate > 4 LPM
E0441	NU		Oxygen Contents, Gaseous (for use with owned gaseous stationary system or when both a stationary and portable gaseous system are owned), one (1) month's supply = 1 unit
E0442	NU		Oxygen Contents, Liquid (for use with owned liquid stationary)
E0443	NU		Portable Oxygen Contents, Gaseous (for use only with portable gaseous system when no stationary gas or liquid system is used), one (1) month's supply = 1 unit
E0444	NU		Portable Oxygen Contents, Liquid (for use only with portable liquid systems when no stationary gas or liquid system is used), one (1) month's supply = 1 unit
K0738	RR		Portable Gaseous Oxygen System, Rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing

Requests must meet medical criteria established by the MO HealthNet Division (MHD) in order to be approved. These medical criteria may be referenced in the clinical edit criteria for oxygen therapy posted on the MHD Web site.

An authorized prescriber will be required to initiate subsequent pre-certification requests on or before the expiration of the previous pre-certification to allow for continuous reimbursement of oxygen services.

CONVERSION OF APPROVED OXYGEN AND RESPIRATORY EQUIPMENT JUSTIFICATION FORMS

Currently, coverage of oxygen systems and contents requires an approved Oxygen and Respiratory Equipment Justification form. Oxygen and Respiratory Equipment Justification forms that are submitted and approved prior to July 29, 2008 will be converted to a pre-certification effective July 29, 2008. All converted initial certification requests will have a pre-certification approved through 12 months from the prescription date submitted on the OREMJ form. All converted recertification requests will have a continuous (no end date) precertification approved. After expiration of the converted initial certifications, the authorized prescriber must request recertification by submission of a pre-certification request for the oxygen system and equipment.

INITIATING PRE-CERTIFICATION REQUESTS FOR DME

Pre-certification of DME is a two-step process. Requests for pre-certification must be initiated by enrolled MO HealthNet providers who write prescriptions for items covered under the DME Program. Authorized DME prescribers include physicians, podiatrists or nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the MHD.

Providers are encouraged to sign up for the MO HealthNet Web tool – CyberAccess℠ which automates the pre-certification process. To become a CyberAccess℠ user, contact the ACS Heritage help desk at 1-888-581-9797 or 573-632-9797 or send an e-mail to MOHealthNetCyberaccess @heritage-info.com. The CyberAccess℠ tool allows each pre-certification to automatically reference the individual participant's claim history, including ICD-9 diagnosis codes and procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 800-392-8030. Requests for pre-certification must meet medical criteria established by the MHD in order to be approved. Medical criteria is published in provider bulletins and posted on the MHD Web site℠ prior to implementation. If a pre-certification request submitted through CyberAccess℠ is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging the MO HealthNet Web portal.

Please continue to monitor the MHD Web site for updates on this process.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at http://dss.mo.gov/mhd/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896